



DP/AF

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
FUJIOKA et al.) Art Unit 2629
Application Number: 10/652,028)
Filed: September 2, 2003) Examiner
For: LIQUID CRYSTAL DISPLAY DEVICE) KUMAR, SRILAKSHMI K.
Attorney Docket No. HITA.0426)

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	5	5	(Over 20)	x \$50	0
Independent Claims	1	1	(Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+\$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

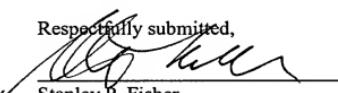
<input checked="" type="checkbox"/> Response to Office Action (without Claim Amendments)	<input checked="" type="checkbox"/> Petition for Extension of Time (1 month)
<input type="checkbox"/> Substitute Specification	<input checked="" type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Preliminary Amendment	<input checked="" type="checkbox"/> Letter to Draftsperson w/ <u> </u> sheets of replacement drawings
<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Other _____

Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____ . A duplicate copy of this paper is enclosed.

Checks in the amount of **\$130.00** to cover the Terminal Disclaimer fee and **\$120.00** for the one-month extension of time are enclosed.

The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,


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